

REQUEST FOR SERVICE

FedSource – Denver

Box 25305, Bldg. 41, RM 137
Denver Federal Center
Denver, CO 80225
(303)236-1942 (303)236-0016 FAX

EEO

Task Order Number: _____

Section I - Service Requested – (to be completed by requesting agency)

Agency Name _____

Interagency Number (IA #) _____ (this number can be found on our web site at www.rmrc.casu.gov click on the Customers link)

Requestor Name _____ Requestor Phone Number _____

Requestor Address: _____

Requestor Fax Number _____ Requestor Email Address _____

EEO Case #: _____

Vendor/contact name that the case was sent to: _____

Approving Official Signature: _____ Date _____

Section II - Cost Estimate – FedSource – Denver USE ONLY

A funding document is now required from your agency to fund services through FedSource - Denver

Listed below is a cost estimate. Please supply our office with a funding document or if your office does not issue funding documents please have a budget official sign this form for funds.

Vendor cost _____ times FedSource fee 5% of the vendor invoice Total of this estimate \$ _____

RMRC task order number that has been assigned to this order _____

Section III - Funding Authority – (to be completed by requesting agency)

Funding Document Number _____ (Please attach a copy of document)

OR

Funding Authority Signature _____ Date _____

Please print the funding authority name here _____ Phone Number _____

Section IV - Billing Information – (to be completed by requesting agency)

Place a checkmark next to the preferred method of billing and fill in the appropriate information per your agency

_____ IPAC Billing: Agency Locator Code _____
 Account Number (If using this request form as funding document) _____

_____ Credit Card: Credit Card Number _____ Exp. Date ____/____/____
 Cardholder name _____ Cardholder Phone # _____
 Cardholder fax # _____ Cardholder email _____
 Cardholder signature _____

Provide the following information as to how and where billing documents should be sent:

Name: _____ Phone # _____ Fax # _____

Address: _____

Email Address: _____

Preferred method of receiving billing information:

_____ by e-mail: _____ by fax: _____ by mail: